FEC FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

1: MOthce Use ON 11: 34

(Revised 02/2003)

. NAME OF COMMITTEE (in full)	PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	eregan regress
ADDRESS (number and street) Check if different than previously reported. (ACC) RO FEC IDENTIFICATION NUMBER	1,0, ,P,A,R,K,V ,B,B,i,N,S,D,A,0	IIIEIWI BILIV	/ ₁ D ., , , , , , , , , , , , , , , , , , ,	ZIP CODE STATE V DISTRICT
C00453241	3. IS THIS REPOR		OR AMEND (A)	ED L.
4. TYPE OF REPORT (Choose Or (a) Quarterly Reports: April 15 Quarterly Report (Choose Or July 15 Quarterly Report (Choose Or October 15 Quarterly Report (Choose Or April 15 Quarterly Report (Choose Or July 15 Quarterly Report (Choose Or July 15 Quarterly Report (Choose Or April 15 Quarterly Report (Choose Or July 15 Quarterly Report (Choose Or April 15 Quarterly	Q1) (b) 12-Day (c) (c) 12-Day (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	POST-Election Repo	General (1 C) Special (1	in the State of
5. Covering Period IO OI ZOIO through IZ 3.1 ZOIO I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Signature of Treasurer	harves e.n es.maa	TACARTHUR ;	Date O2	1/27/2011
NOTE: Submission of false, erroneous, of Office	r incomplete information	may subject the pers	on signing this Report to t	FEC FORM 3